



Hall, M, Grogan, S ORCID logoORCID: <https://orcid.org/0000-0002-7510-765X> and Gough, B (2016) Bodybuilders' accounts of Synthol use: the construction of lay expertise online. *Journal of Health Psychology*, 21 (9). pp. 1939-1948. ISSN 1359-1053

Downloaded from: <https://e-space.mmu.ac.uk/575932/>

Version: Accepted Version

Publisher: SAGE Publications

DOI: <https://doi.org/10.1177/1359105314568579>

Please cite the published version

Bodybuilders' accounts of synthol use: The construction of lay expertise

Abstract

Synthol is an injectable oil used by bodybuilders to make muscles appear bigger. Widely available on the Internet, it is reported to carry a wide range of health risks and side effects such as localised skin problems, nerve damage and oil filled cysts, as well as muscle damage and the development of scar tissue. Given the tension between health risk and quick muscle enlargement, how lay users explain and justify their synthol intake becomes an important question. Drawing on discourse analysis, we focus on how lay expertise is worked up by users in the absence of available specialist knowledge by invoking medical and pharmaceutical discourses as legitimisation, providing novices with support, gaining trust through positive personal narratives and thus gaining credibility as experts. Results have clear implications for health promotion interventions with bodybuilders.

Introduction

Synthol is an injectable site-enhancement oil comprising 85% oil (often sesame), 7.5% lidocaine (a local anaesthetic) and 7.5% alcohol (steriliser). Site enhancement oils were developed at the start of the twentieth century, originally for use in cosmetic procedures such as breast augmentation and wrinkle reduction (Di Benedetto, Pierangeli, Scalise & Bertani, 2002). More recently, synthol has been used by elite and lay bodybuilders to produce the cosmetic appearance of trained muscle (Childs, 2007; Ghandourah et al, 2012).

Synthol is injected directly into muscle, where it causes swelling and enlargement, and is often used by bodybuilders to inflate one target muscle that is seen as out of proportion to the rest of the trained body (sometimes known as 'fluffing'; Childs, 2007). It

may also be used in large quantities by both experienced and the relatively inexperienced in order to develop all key muscles, leading to the appearance of a muscular body developed through weight training. However, perceived differences between these cosmetically-enhanced body parts and those produced through weight training alone have been deemed “comically obvious” within the body building community, with “unnatural-appearing lumps” in muscles (Brainium, 2013) framed as “freakish” and “bizarre” by body builders who choose not to use synthol (Childs, 2007).

Although medical evidence for negative effects of synthol is not well documented, there are many case reports citing complications in patients following injections of paraffin, sesame, and walnut oil, linking to stroke and pulmonary embolism, localised skin problems such as nerve damage and oil filled cysts, and muscle damage (Banke et al., 2012; Darsow et al., 2000). In one of the rare case studies of a body builder using synthol, use was linked to complications such as muscle pain and muscular fibrosis (excessive formation of fibrous bands of scar tissue between muscle fibers; Ghandourah et al., 2012). So although synthol may give bodybuilders a way to rectify perceived shortcomings in particular muscles or muscle groups, it has been suggested that use destroys the injected muscle and may produce severe long term health consequences (Brainium, 2013; Ghandourah et al, 2012).

Synthol is widely available, and seems to be becoming more popular in the 2000s (Brainium, 2013; Childs, 2007). It may be attractive to some bodybuilders who may believe that it does not cause some of the more severe side effects linked with anabolic steroid use (Ghandourah et al, 2012); although others may see synthol use as risky and pointless as it does not lead to realistic-appearing muscle development (e.g. Brainium, 2013). Reasons for continued use are poorly understood, and to our knowledge there are no published studies which examine how users talk to each other about their practices. Nearly two decades ago

Epstein (1995) pointed out in his study of AIDS activism that where there is an absence of specialist knowledge this gap is often filled with lay expertise. Whilst some specialist knowledge on synthol exists (e.g. Darsow et al., 2000; Di Benedetto, 2002; Ghandourah et al., 2012), this information tends to be presented in academic publications not widely accessible to those outside academia (e.g. *International Journal of Sports Medicine*). In the context of this knowledge vacuum, we focus on how lay expertise is worked up by internet forum contributors in order to be able to provide each other with support and advice¹. Since posts are constructed by unknown others a key question emerges: how are forum contributors taken seriously? (Richardson, 2003, p. 172). Epstein (1995) argues that this rests on five key elements: credibility, legitimation and trust, which allow for the provision of support and influence. It is these aspects that form the framework of our analysis.

Method

Data Collection

Synthol is widely available on the Internet as ‘Pump and Pose’ intramuscular injection oil. It has become “one of the most controversial in modern BB’ing” (Arnold, 2014, p. 1) and arguably elsewhere too (e.g. *Amazon* reviews). Given the apparent controversy surrounding synthol we were not surprised to find very few people openly talking about use. The few who have spoken about it in mainstream outlets such as *Amazon* customer feedback and *YouTube* responses tend to be met with responses such as:

5 stars if you are too lazy to work for what you don't deserve and need to inject jet fuel into your "muscles". If you are a tiny wuss that needs to look big without giving any effort to work out then this is surely for you. Shame on all of you who use this stuff, it is extremely unhealthy so you get what you deserve

¹ Lay expertise may also be referred to as "broscience" (see <http://broscience.co.uk/category/news/>)

(Amazon.com, 2014: http://www.amazon.com/Synthol-posing-oil-100mil-bottles/dp/B00B0F3FAG/ref=pd_rhf_cr_p_img_1).

Indeed, the vast majority of *Google* hits portray users as having “comically obvious” and “unnatural-appearing” muscles (Brainium, 2013; Childs, 2007). Many of these were in response to apparent synthol misuse (e.g. Moustafa Ismail, who currently holds the Guinness Book of Records for 31” arms). Those who did talk about their synthol use tended to be elite bodybuilders (e.g. USA championship Rich Piana). Given their use can be framed as a professional requirement, we focused instead on a unique forum thread where lay bodybuilders discussed their usage. Seventeen self-identified bodybuilders contributed to the AlinBoard: Anabolic Steroid Discussion Forum thread “Did My First Shots Of Synthol Today!!!!” the main thrust of which was from July to September 2006 (as of 20/08/2014).

Founded in 2003 *AllinShop* claims to be the largest Internet overseas pharmacy and a “professional IFBB² supplier”. In particular, *AllinShop* supplies elite and non-elite bodybuilders ergogenic³ drugs such as steroids (Anavar, Dianabol, Sustanon 250), β -agonists (e.g. clenbuterol), hormones (e.g. Human Growth Hormone, thyroxine) and other adrenal hormones (e.g. insulin), stimulants (e.g. ephedrine), drugs to purge fluid (e.g. diuretics), muscle growth stimulants (e.g. synthol), appetite stimulants and supplements (e.g. B12, protein powders) and syringes. In addition to the online shop, customers can access information on contests, read and post articles on bodybuilding-related topics, and initiate or contribute to, threads in the Anabolic Steroid Discussion Forum.

Ethics

² IFBB: International Federation of Bodybuilding and Fitness, IFBB, the governing body of the sport of bodybuilding and fitness, was founded by brothers Joe and Ben Weider in 1946 in Montreal, Canada. IFBB headquarters are located in Madrid, Spain (<http://www.ifbb.com/>)

³ A substance intended to enhance physical performance, stamina, or recovery.

Collecting data from the Internet presents ethical challenges around what is deemed a 'public' or 'private' space. One obvious issue is whether informed consent can be gained. Some scholars (e.g. Hookway, 2008) argue that open access online discussion boards, forums and blogs are firmly located in the public domain. As such contributors are aware that their posts will be read by others unless they place them on a 'friends only' setting. Thus, accessible electronic talk may be "personal" but it is not "private" (Hookway, 2008:16) and so consent can be "waived". However, given the potentially sensitive nature of our data we deemed it appropriate to seek university ethical approval, and in line with BPS guidelines (BPS; 2013), we have anonymised our dataset as far as possible (e.g. replacing tags and pseudonyms with R1 [Respondent 1], R2 etc. removing any in-text personal details or references).

Data Analysis

In analysing our data we draw upon discourse analysis (Potter, 1996). Having downloaded all 119 posts from the 17 contributors we read through our data identifying main themes (e.g. techniques, health, legality). The responses were examined further by systematic line-by-line coding. In doing so a number of sub-themes were identified (e.g. techniques: use/appearance/pain, health: cycles/safety/timing), which we contrasted and refined with others ('constant comparison' process). In addition, we identified the different discourses drawn upon so there was a dual focus on 'what' was being presented (content: synthol use) and 'how' it was being presented (process: synthol as relatively safe).

Discourse analysis, broadly speaking, helps to identify and explore how people work up versions of the world during conversational interaction (Potter, 1997, p. 146). It focuses on participants' discursive practices (how discourse is used to perform specific functions) and their discursive resources (how texts are informed by wider cultural/organisational norms) (Wetherell, 1998). Discourse analysis' focus on what is

made relevant by participants' means it avoids analyst-centred interpretations of the data. Our aim was to identify the ways in which synthol use was presented. For example, the notion that 'synthol is risky' can be analysed with respect to the respondents' posts on drug use in sport, where distinctions are often made (e.g. informed user vs uninformed user) and certain groups 'othered' or denigrated in various ways (e.g. by constructing all (non)substance users as the same).

Results

Before we begin our analysis however, we should note that all the respondents in the forum presented as men, which is not surprising since muscularity tends to be heavily associated with men and masculinity (Grogan, 2008). Contributors used tags referencing traditional male names as well as positioning themselves in relation to females (e.g. the wife, Mrs), displayed typical masculine attributes (e.g. accepting pain, constructing technical knowledge) (Young et al., 1994), and referred to each other with masculine references (e.g. brother, bro, man).

In examining the forum posts we noticed that in the absence of specialist knowledge, forum contributors worked up their authority on synthol by presenting their knowledge as credible, legitimate and trustworthy (Epstein, 1995). In particular, we noticed that some members seemed to be held in higher esteem than others; one in particular (R2). On further inspection, we ascertained that R2 was in a particularly strong position in relation to other forum contributors because he had previously published material on synthol (http://www.professionalmuscle.com/forums/show_thread.php?t=205). Therefore, we begin our analysis by looking at how R2's legitimation (and subsequent credibility, trust and influence) are worked up by drawing on medical and pharmaceutical discourses as

discursive resources, which serve as the basis for his unquestioned authority in the “Did My First Shots Of Synthol Today!!!!” forum.

His article is too long to reproduce here in its entirety since it runs to several online pages. Therefore, we present a section of the article shortly after R2 has worked up his authority by referencing time, ubiquity and commercial pharmaceutical legitimacy “Bristol-Myers Squibb⁴” whilst providing readers with some background.

“Site Enhancing Oils (synthol) - a how to guide”

Legitimation

R2

You need to inject in EVERY head of the muscle, while rotating the shots daily within that head. This is the only way to ensure that the added size keeps to your natural look/shape of the muscle. The quickest way to get a muscle up to maximum size is to do the following regimen: 1ml for 10 days in each head of the muscle. 2ml for 10 days. 3ml for 10 days. If you do both, the biceps and triceps simultaneously, you can add up to 3" on your arms in those 30 days.

How do Site Oils work? To begin with, they do not stay in the muscle for 3 to 5 years. They get dissipated within months. However, during this time, they have stretched the fascia of that muscle. The fascia is a great constrictive factor in muscle growth. The more stretched the fascia is the more the muscle will grow and the more it will have that ‘popping’ look. Site oils stay in there long enough for the fascia to stretch. As they dissipate, the ‘space’ left by them is replaced with new muscle tissue growth. That is the reason why when x-rays/MRIs were performed on some of the people that have 25"+ arms, there was no oil found in there. The oil dissipated and it

⁴ An American pharmaceutical company.

was replaced by real muscle....The pain will minimise the more you inject, until it will not hurt any more. Site Oils hurt, but not as much as site injections with, let's say, Sustanon or Testosterone Propionate.

When people construct lay expertise they need to artfully anchor it to something with social credibility. Foley and Faircloth (2003) show that since medical and pharmaceutical discourses enjoy high social status, they are excellent anchoring discourses in which to build legitimacy in claims. We can see this in the way that R2 draws on medical and pharmaceutical knowledge of where to inject “in EVERY head of the muscle”, appropriate dosages “1ml for 10 days in each head of the muscle. 2ml for 10 days. 3ml for 10 days”, the length of drug cycle “30 days”, longevity of the substance in the body “They get dissipated within months”, the anatomical effects “they have stretched the fascia of that muscle”, its level of detection “when x-rays/MRIs where performed... no oil found” and its comparison to other pharmaceuticals “Sustanon or Testosterone Propionate”. These are presented as ‘facts’ bolstered with claims that are presented as absolute (e.g. “This is the only way”, “The quickest way”) and by the use of extreme case formulations (e.g. “EVERY”, “only”).

Extreme case formulations are discursive devices which people draw on when describing or accounting to minimise the potential of others to refute their claims (Pomerantz, 1986). We can see from the way R2 constructs his legitimacy why other forum contributors follow his advice. However, before we show how credibility from these claims is generated, maintained and developed through the online interactions, we begin at the start of the forum thread examining the provision of support and its relation to lay expertise (Epstein, 1995).

Support

Sequence 1

R1

I used 25 gauge syringes, i shot 1cc into each bicep head, in each outer and inner bicep muscle, and the triceps also, and my problem is, my arms hurt like hell, is this normal for my muscles to hurt so bad. i massaged them real good after the injections, no lumps formed at all, i did the low weight, high reps for a warm up at the gym. Has anyone else had these muscle pains after their SYNTHOL injections. please let me know thank you

R2

Yes, that is normal. The pain will be less and less each day until after the first week you will not feel it anymore. Synthol is great stuff. You will be pleased.

R3

Yep normal. It feels a Bit like a brutal workout to where you can barely straighten your arm out all the way. In the beginning I remember many days going into work sore as can be.

Just keep stretching it out and straightening your arms. As R2 said it'll get better as you go.

R4

Absolutely normal brother. Also the bruising does occur often with me, but Synthelamin B-12 calmed it a lot. But yes I did bruise most of the time. The outcome you will be impressed with so just stick with it. Keep your stock up, because with what you are doing you'll want to keep a few bottles on hand. It does go rather quickly for such a large bottle because of the large doses per day. Good luck man.

Several things stand out in this sequence. Whilst R1 opens the thread with “Did My First Shots Of Synthol Today !!!!” he displays some prior knowledge of how to use synthol since he cites specific equipment (“25 gauge” syringes), dosage and location (i shot 1cc into each

bicep head”), post- injection routine (“messaged them...after the injections”), and subsequent gym training (“low weight, high reps for a warm up”). Although this indicates the availability of information on synthol usage, it also suggests that experiential knowledge is much scarcer: “my arms hurt like hell, is this normal for my muscles to hurt so bad”. R2, 3 and 4 all provide emphatic, positive responses “Yes, that’s normal”, “Yep normal”, “Absolutely normal brother”. Studies of empathy and sympathy (Pudlinski, 2005; Staske, 1998) show that such responses work to normalise potentially problematic feelings and experiences by attending to them as reasonable and expectable.

R2 focuses on how long the problem will last (“after the first week you will not feel it anymore”), whilst R3 describes the pain with a training analogy (“Bit like a brutal workout”) and R4 talks about the visual insults (“bruising does occur often with me”). By drawing on their own knowledge they are able to provide support for this novice; they are constructing second stories where the response is aligned to the original post (Veen et al., 2010; Sacks, 1992). Second stories work to normalise group views by displaying an understanding and stance towards the initial story (Arminen, 2004). What is also noticeable in these responses is that whilst the negative aspects of synthol (“lumps”, “pain”, “stiffness” are discussed, health risks are not; presumably because they are not known, or not acknowledged, here. What is also evident from this quote is that masculinity is also invoked in being able to tolerate pain (see Young et al., 1994 for more on pain tolerance is invoked as a normal part of sport and masculinity).

Shared experiences clearly operate to construct an event (e.g. synthol-related pain) as normative. But to move beyond empathy and support to provide advice requires positioning oneself as expert in some way.

In the next sequence we demonstrate how expertise is formulated by both the 'expert' and the 'novices'. We pick up the thread shortly a few days later after R1 posts that the pain is subsiding.

Sequence 2

Trust

R7

how the heck does one safely inject the tris? I am so afraid that I am gonna miss something because of the angle and I can't trust anyone to help me. BTW I have 25% bf (i think) so I don't have the definition to be completely sure of where I am sticking myself.

R6

if you are at a quarter body fat, I would definitely recommend cutting down a little first. Get yourself in the 15% range if possible otherwise you may not be able to notice the differences that Synthol makes.

R2

Agreed.

As far as injecting tris yourself:

- sit down on the floor next to the bed.
- sit at an angle, so the arm to be injected is running across the top of the bed edge
- push the arm against the bed and have the tri hanging down off the edge
- inject with the other arm, with the syringe going upwards. Very easy to inject, aspirate and push the plunger. For accuracy, look in the mirror first before you inject and mentally mark the spot.

R7

can I leave this out, or should I refrigerated it (being an oil, I would kinda doubt refrigerating it.) Also, is the plastic top self-sealing, or do I open and draw the 2CC?

R2

Room temp is fine. You draw through the top. Underneath it there's a Teflon lining which seals every time you pull the needle out.

R7

thanks for the fast response!! I will let you know how much I cry when I try tomorrow and now it also seems that I need to buy another bottle if I am to do this correctly. I got everything from the company so fast as so discretely. Well, I think discretely....I had a sticker on both boxes saying "ID recorded" what the hell is that supposed to mean...am I under profile?

Without the availability of online expert knowledge backed up by credentials such as academic degrees, track records, institutional affiliations and so on, trust can be an issue.. R7's vulnerability display ("I am so afraid that I am gonna miss something") is reinforced by (mis-)trust issues ("I can't trust anyone to help me"). So how does he begin to trust other forum contributors that he presumably only knows online? Urban et al. (2009) point out the typical features of online trust: believable information and implied competence, confidence in the members of the online group in which members advocate other members, benevolence and integrity. We previously noted in Sequence 2 and 3 how comments from R5 and R6 positioned R2 as an expert ("you seem to be the man on this subject!"). Here we see that although R6 suggests R7's body fat is too high ("I would definitely recommend cutting down a little first") this is not responded to. Instead, R7 seems to respond instead to R2's pragmatic and technical knowledge (e.g. "...sit down on the floor next to the bed... Underneath it there's a Teflon lining which seals every time you pull the needle out"). What

this shows is that R7 trusts the competence and knowledge of R2 even though R2 echoed (“Agreed”) R6’s suggestion of losing body fat. As Wang and Emurian (2004, p.108) point out, one of the key elements of trust is that it is “positive”. That is, actions are seen to be done for the benefit of others. Therefore, R7 can be seen to read R2’s posts as honest and benevolent.

Thus far we have seen how forum members, especially R2, work up a position of trust and credibility through proving support in the form of pragmatic, health-related and technical knowledge. In the following sequence we demonstrate how this is deployed to influence others so that they may get the best results from their synthol use whilst avoiding potential problems (e.g. lumps).

Credibility

Sequence 3

R2

Sounds good, but make sure you follow my guide, otherwise the results will not be permanent!

R5

Where can I get a list of these guidelines??? (I also need someone to use my tri's as a dartboard, but that's another story) My triceps are sooooo stubborn, it's not even funny! I've beat the living piss out of them in the gym and still they are falling behind!

R2

<http://www.professionalmuscle.com/forums/showthread.php?t=205>

R6

R2 you seem to be the man on this subject! Help me out Bro. Is Syntherol just to get you over a plateau? Or can it be used just to help the growth? I know how it works (I have read your article more than a few times) :D Also can you use it during your off

cycle? And one more question, with 6 sticks a day in each bicep how do you prevent needle marks? :eek:

R2

You can use it for either, getting you over a plateau or to help growth. You can use it off cycle too, but ideally you should be on gear to create a maximum anabolic environment. That being said, a lot of naturals use it too. You don't do 6 injections per day in each bicep. One injection per day in each bicep head (2 injection per arm per day).

In this sequence, those seeking advice acknowledge the self-appointed expert position adopted by R2 (“Where can I get a list of these guidelines???” , “you seem to be the man on this subject!”). By referencing his “guides” R2 positions himself as an authority on synthol in which being published is a social marker of status. Epstein (1995) notes that one of the defining features of credibility is the presentation of factual knowledge. This is visible in the way R2 portrays certainty: “the results will not”, “You can use it for either” “you should be on gear”, “You don't do 6 injections per day”

Credibility is also indexed in other ways. For example, by deploying insider community terminology (e.g. muscle talk: “getting you over a plateau or to help growth”, “You can use it off cycle too”) R2 displays in-group membership knowledge (Sacks, 1992), which helps to provide authenticity. In addition, R2 demonstrates knowledge of two categories of bodybuilders: those who use “anabolic” steroids and those who don’t, the “naturals”, thus highlighting situated expertise (Mackiewicz, 2010). Finally, R5 and R6’s treat R2 as an expert through their questioning (e.g. “Where can I get a list of these guidelines???”), as well as in-group recognition and trust “Help me out Bro”.

Having worked up legitimation, provided support and gained credibility we now focus on outcomes: trust and influence. We re-join the thread shortly after R1 has been describing how he uses heat pads to reduce any swelling in the biceps post-injection.

Sequence 4

Influence

R8

I am having a hell of a time drawing through a 25g needle, but I have one prepped and will be prepping the second. will little bubbles be a problem? there are a few small ones, but I see they dissappeared after letting the prepped needles sit for about 5 minutes.

R2

Draw with a 21g and inject with a 25g.

R8

it didn't even hurt. I am massaging and am out the door to hit the gym.

R8

ok, almost 2 hours later...slight soreness, less than my flu shot though. feel a slight pump but no lumps. I will continue to occasionally massage the bi's a bit through the day, especially as the soreness starts to grow (and it is now that my workout is over). gonna need to place another order for needles and synthol since 100g will probably not be enough for a correct cycle. I have an appt on a military base hospital....how do I hide the injection sites? I know the Docs will notice.

R2

The injections themselves don't hurt. Don't worry, the soreness will come! ;) It subsides after 1 week though. How can they notice injection sites? Needles don't leave marks unless you bruise, and then you can just say you bumped yourself. Or

injected some B-12. gonna need to place another order for needles and synthol since 100g will probably not be enough for a correct cycle. Like everything else, make sure you do it properly or you will not be happy with the results.

R8

yeah, next day I have that typical injection-in-the-muscle soreness now. one question, I can inject at work where i can close my office door, but there is no way at home on the weekends, I am rarely alone long enough and my wife would kill me if she found out.. Would I suffer greatly if I skip the weekends? PS I cannot hit the Gym every day either, just not possible.

R2

First of all, you are not supposed to hit the gym every day. As far as the pumping sets after the injections, just do 2 sets of 30-50 reps with a bottle of juice in each arm, etc. You have to do the weekends. Why don't you take the syringes, etc. in the shitter and lock the door?

R8's posts describe difficulties in drawing synthol from the bottle and the related concern about "bubbles" as well as a description of post-injection soreness and detection both at work and by "Docs" at the "military base hospital". In doing so R8 has positioned himself as a novice seeking advice from an 'expert'. R2's takes up R8's request for information by providing technical information on syringe size ("Draw with a 21g and inject with a 25g"), pharmaceutical quantities ("100g will probably not be enough for a correct cycle") and duration of side effects ("soreness...subsides after 1 week"). In doing so R2 is playing an active role in recommending correct synthol usage.

R2 also provides practical information on avoiding detection ("you bruise...just say you bumped yourself. Or injected some B-12" "Why don't you take the syringes, etc. in the

shitter and lock the door”) and training (“you are not supposed to hit the gym every day...do 2 sets of 30-50 reps with a bottle of juice in each arm”). Similarly to technical information, practical ‘how to’ information also works by highlighting the indirect benefit to the user - in this case avoiding detection (Subramani & Rajagopalan, 2002). Experiential information is also provided “The injections themselves don't hurt...the soreness will come!” “make sure you do it properly or you will not be happy with the results”. That is, no necessarily personal experience but information on what the recipient is likely to experience. Like the previous two examples, this type of information is presented as for the recipient’s benefit. That is, if you follow my advice on a correct synthol cycle then you will “be happy with the results”. Similarly to Sequence 1, by drawing on his own experience and knowledge R2 provides support and so constructs a second story (Veen et al., 2010). That is, the alignment of a second response to the original response (Sacks, 1992). Whilst second stories work to normalise views displaying an understanding and stance towards the initial story they also work to add credibility to who constructs the second story (Arminen, 2004). Much like a team manager may gain additional support from the team if he is drawing from personal experience rather than from learned knowledge. Therefore, what these forms of information provision demonstrate in the context of advice giving and receiving in the forum is a spreading of the word on how to use synthol and get good results whilst minimising unwanted side effects.

Discussion

Here we have focused on how lay expertise is worked up by Internet forum contributors when providing each other with support and advice on synthol use, to try to answer the question of how forum contributors are taken seriously. Discourse analysis of posts has shown that Epstein’s (1995) five key elements of legitimation, support, credibility, trust, and influence were all evidenced in accounts. R2 used high status medical and pharmaceutical

discourses, anchoring his practical knowledge and building legitimacy (Foley & Faircloth, 2003). Participants R2, R3 and R4 all provided empathic, positive responses in response to reports of pain. Normalising problematic experiences (Pudlinski, 2005), and drawing on male-appropriate discourses around toughness and tolerance for pain (Young et al., 1994), operated to provide support while avoiding recognising potential health dangers of synthol use. Expertise was formulated through implied competence. Forum members such as R2 worked up a position of credibility through focusing on pragmatic, technical knowledge, and were able to create a position of trust with others on the forum, presenting as expert users who could be trusted to provide helpful advice. Subramani and Rajagopalan (2002)'s four key ways that people influence each other in social networks (benefit signalling, recommendation, signalling use, and spreading the word) were all evidence in accounts, and those seeking advice acknowledged the credibility of R2 who presented his experiences as factual, enhancing his credibility among the group (Mackiewicz, 2010), and using insider terminology to provide authenticity.

Collecting our data directly from a unique forum thread where bodybuilders discussed their use of synthol enabled us to access accounts from seventeen self-identified bodybuilders and to look at how they interacted with each other online when discussing, and asking for information on, use. This has given us some insight into a relatively new community of users without requiring them to agree to be interviewed, which may have changed and restricted what they felt able to share with a group of university academics. Obviously data are not intended to be generalised outside this group of users, though accounts have provided interesting new insights into how these users positioned themselves as novices and experts in this discussion group.

This work has important implications for promoting health in body builders and others who may seek to gain the appearance of trained muscle. Although people outside the user-group may see radical differences between the cosmetically-enhanced muscles created by synthol and those produced through weight training alone, seeing them as “freakish” and “bizarre” (Childs, 2007), users clearly expect that synthol will give them a natural, trained look and are hungry for advice on how to use synthol and get good results whilst minimising unwanted side effects such as pain and unsightly bumps. In the context of limited information, people with practical experience of use (such as R2) are treated with respect and trusted to provide technical and medical information which is factual and generalizable beyond personal experience of use. Clearly there is a need for medically-accurate information that has credibility with body builders to enable ‘novice’ users to have somewhere to go to find accurate information on health risks and safer use. This information needs to recognise reasons for use, and be represented using language that has credibility among the bodybuilding community.

References

Amazon.com (2014). Synthol posing oil - Pump and Pose 100mil - 3 bottles: Customer reviews. Retrieved August 30 from: http://www.amazon.com/Synthol-posing-oil-100mil-bottles/product-reviews/B00B0F3FAG/ref=cm_cr_dp_qt_hist_five?ie=UTF8&filterBy=addFiveStar&showViewpoints=0#reviews-container?sortBy=helpful&reviewerType=all_reviews&formatType=null&filterByStar=one_star

Arnold, M. (2014). Anabolic Steroid Site Injections. *IronMag*. February 10. Retrieved August 30 from: <http://www.ironmagazine.com/2014/anabolic-steroid-site-injections/>

Banke, I.J., Prodinger, P.M., Waldt, S., Weirich, G., Holzaofel, B.M., Gradinger, R., & Rechl, H. (2012). Irreversible muscle damage in bodybuilding due to long-term intramuscular oil injection. *International Journal of Sports Medicine*, 33: 829-34

Childs, D. (2007). Like Implants for the Arms: Synthol Lures Bodybuilders. *ABC News*. Retrieved June 14, 2014 from: <http://abcnews.go.com/Health/Fitness/story?id=3179969>

Darsow, U., Bruckbauer, H., Worret, W.-I., Hofmann, H., & Ring, J. (2000). Subcutaneous oleomas induced by self-injection of sesame seed oil for muscle augmentation. *Journal of the American Academy of Dermatology*, 42: 292-4

Di Benedetto, G., Pierangeli, M., Scalise, A., Bertani, A. (2002). Paraffin oil injection in the body: an obsolete and destructive procedure. *Annals of Plastic Surgery*, 49: 391–396

Epstein, S. (1995). Expertise: AIDS Activism and the Forging of Credibility in the Reform of Clinical Trials. *Science Technology Human Values*, 20(4): 408-437

Epstein, R. (2007). The Truth About Online Dating. *Scientific American Mind*. Retrieved June 19, 2010, from <http://drrobertepstein.com/pdf/Epstein-TheTruthAboutOnlineDating-2-07.pdf>.

Foley, L. & Faircloth, C. A. (2003). Medicine as discursive resource: legitimization in the work narratives of midwives. *Sociology of Health & Illness*, 25: 165–184.

Ghandourah, S., Hofer, M.J., Kiebling, A., El-Zayat, B., Dietmar Schofar, M. (2012). Painful muscle fibrosis following synthol injections in a bodybuilder: a case report. *Journal of Medical Case Reports*, 6: 248

Grogan, S. (2008). *Body Image: Understanding Body Dissatisfaction in Men, Women, and Children*. London: Routledge.

Mackiewicz, J. (2010). The Co-construction of Credibility in Online Product Reviews. *Technical Communication Quarterly*, 19(4): 403–426.

Pudlinski, C. (2005). Doing empathy and sympathy. Caring responses to troubles tellings on a peer support line. *Discourse Studies*, 7(3): 267–288.

- Sacks, H. (1992). *Lectures on conversation* In: G. Jefferson (Ed.) Oxford: Blackwell Publishing.
- Staske, S. (1998). The normalization of problematic emotion in conversations between close relational partners. Interpersonal partner work. *Symbolic Interaction*, 21: 59–86.
- Subramani, M.R, and Rajagopalan, B. (2002). Examining Viral Marketing – A Framework for Knowledge Sharing and Influence in Online Social Networks. Management Information Systems Research Center, Working Paper # 02-12. Retrieved September 11, 2014 from: http://misrc.umn.edu/workingpapers/fullPapers/2002/0212_050102.pdf
- Tyler, T.R. (2006). Psychological Perspectives on Legitimacy and Legitimation, *Annual Review of Psychology*, 57: 375-400.
- Urban, G.L., Amyxb, C. & Lorenzonc, A. (2009). Online Trust: State of the Art, New Frontiers, and Research Potential, *Journal of Interactive Marketing* 23: 179–190.
- Veen, M., te Molder, H., Gremmen, B., & van Woerkum, C. (2010). Quitting is not an option. An analysis of online diet talk between celiac disease patients. *Health*, 14(1): 23–40.
- Wang Y.D. & Emurian, H.H. (2005). An overview of online trust: Concepts, elements, and implications *Computers in Human Behavior*, 21: 105–125.
- Wetherell, M. (1998). Positioning and interpretative repertoires: Conversation analysis and post-structuralism in dialogue. *Discourse & Society*, 9: 387-412

Young, K., McTeer, W. & White, P. (1994). Body talk: male athletes reflect on sport, injury, and pain. *Sociology of Sport Journal*, 11(2): 175-194